

PROJECT 10073 RECORD

| | |
|--|---|
| 1. DATE - TIME GROUP 09/2000L 9 Oct 68 09/2400Z | 2. LOCATION Near Fairborn, Ohio |
| 3. SOURCE Civilian | 10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION |
| 4. NUMBER OF OBJECTS One | Form 117 returned because there is no such address that the observer gave the Duty Officer. |
| 5. LENGTH OF OBSERVATION 10 Minutes | 11. BRIEF SUMMARY AND ANALYSIS SEE CASE FILE |
| 6. TYPE OF OBSERVATION Ground-Visual | |
| 7. COURSE See Case | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9 Oct 68

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.
 2 yrs ago - 10 mi. N. of -

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES
 [REDACTED]
 [REDACTED]
 FAIR BORN

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME
 [REDACTED]

ADDRESS (Street, City, State and Zip Code)
 [REDACTED], FAIR BORN 45324

TELEPHONE (Area code and number) [REDACTED] AGE 14 ☒ MALE ☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?
 NAME _____ DAY _____ MONTH _____ YEAR _____

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.
 DAY _____ MONTH _____ YEAR _____

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 9 October 1968

TO:

R [REDACTED]
[REDACTED]
Fairborn, Ohio 45324

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

Hector Quintanilla Jr.
HECTOR QUINTANILLA Jr; Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

OVER



REASON CHECKED

Unclaimed ☐ Return ☒
Unknown ☐
Insufficient address ☐
Moved, Left no address ☐
No such post office in state ☒
Do not remail in this envelope ☐

FTD (TD- PT(UFO))
WRIGHT-PATTERSON AFB, OHIO 45433

POSTAGE AND FEES PAID

UNITED STATES AIR FORCE
OFFICIAL BUSINESS



Fairborn, Ohio 45324

FIRST CLASS

*No such # on R1
Unk R1*

FTD FORM
JUL 51 383

This form supersedes ATIC Form No. 383, dated Dec 68, which is obsolete.

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R358

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 2 Oct MONTH _____ YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 1200 MINUTES _____ ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2010 MINUTES _____ ☐ A.M. ☐ P.M.

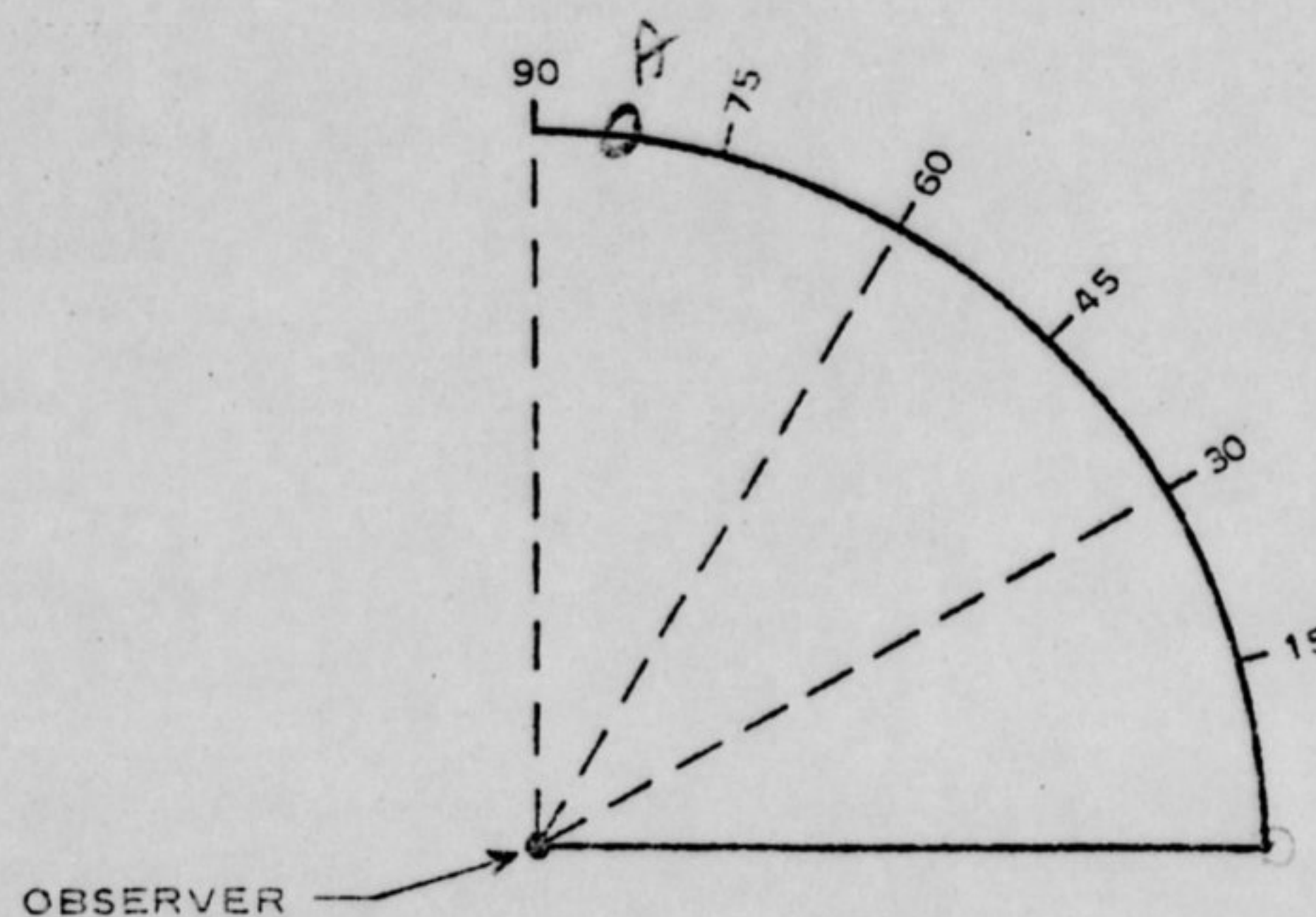
4. TIME ZONE

☐ DAYLIGHT SAVINGS☒ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

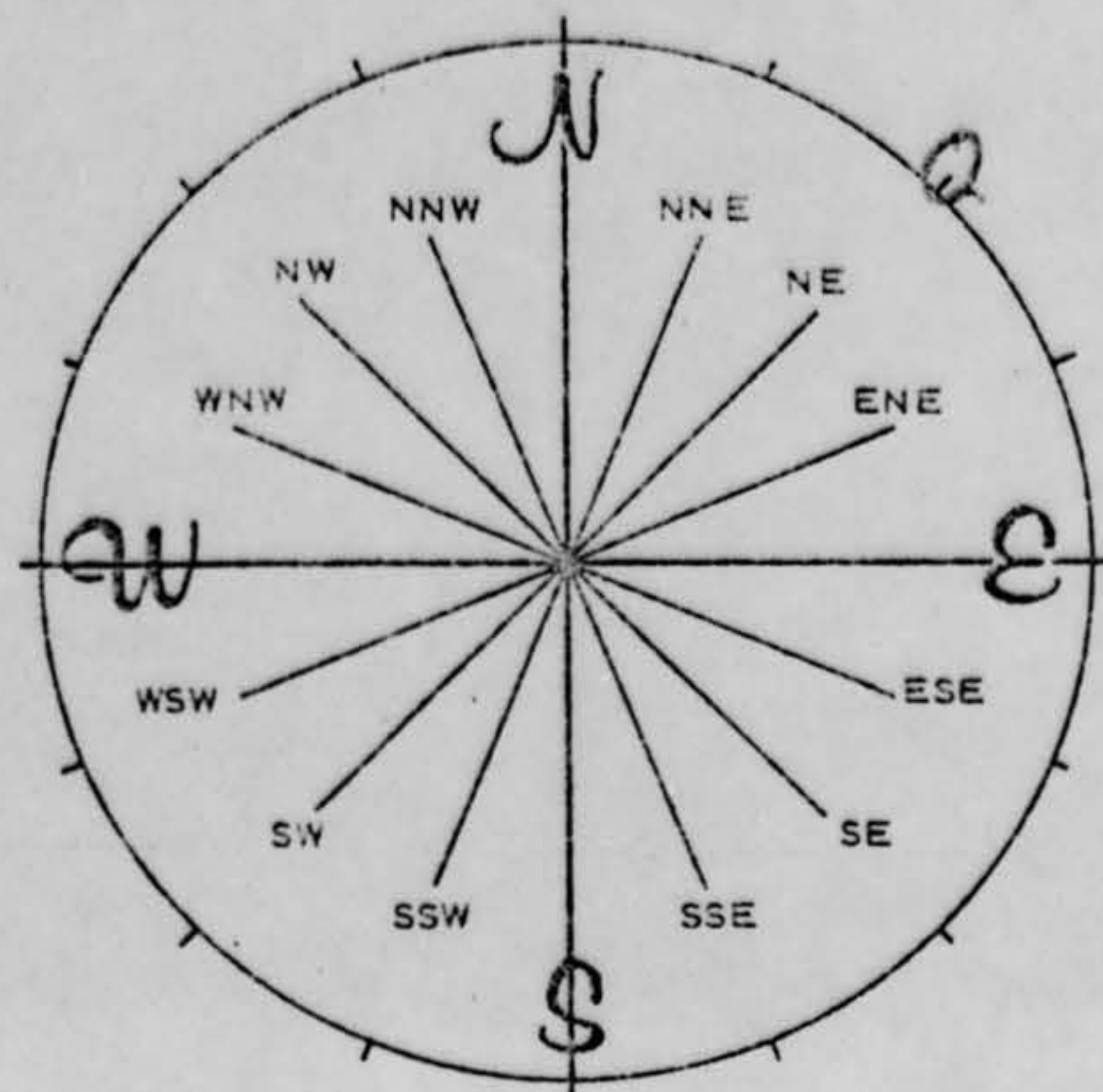
~~XXXXXXXXXXXXXXXXXXXX~~ ABOUT 2 MILES
OUT OF FAIRBORN

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

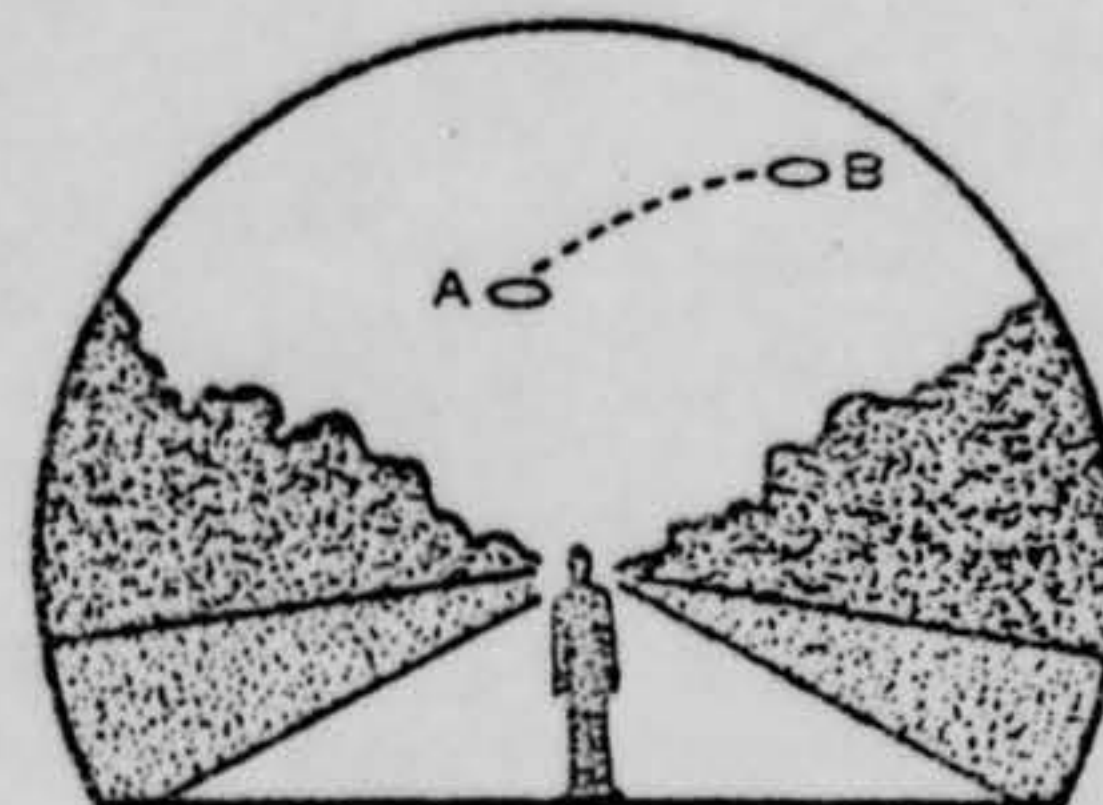
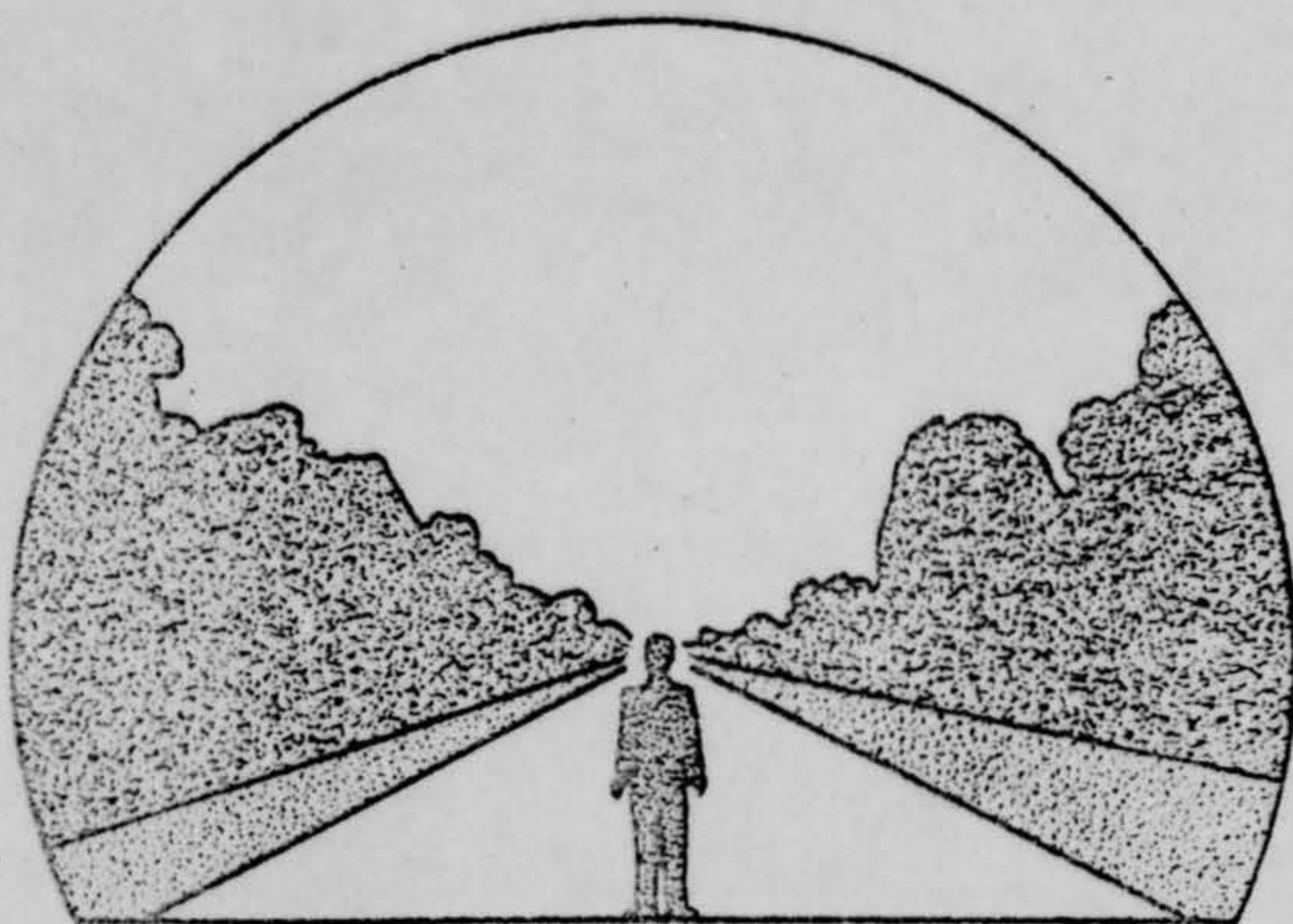
AF FORM 117
AUG 67

Good 14 Oct 68
Duty Officer Report

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| | | | |
|--|-------------------------------------|--|--------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| <input checked="" type="checkbox"/> OUTDOORS | | | IN BUSINESS SECTION OF CITY |
| IN BUILDING | | | IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | <input checked="" type="checkbox"/> | IN OPEN COUNTRYSIDE | |
| IN BOAT | <input checked="" type="checkbox"/> | NEAR AIRFIELD | |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | <input checked="" type="checkbox"/> | FLYING OVER CITY | |
| OTHER <u>RIDING A BIKE</u> | <input checked="" type="checkbox"/> | FLYING OVER OPEN COUNTRY | |
| | <input checked="" type="checkbox"/> | OTHER | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| NORTH | EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SOUTH | WEST | | |
| NORTHEAST | SOUTHEAST | | |
| NORTHWEST | SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | <u>10 MIN</u> | <input checked="" type="checkbox"/> CERTAIN OF TIME | NOT VERY SURE |
| | | <input checked="" type="checkbox"/> FAIRLY CERTAIN | JUST A GUESS |
| HOW WAS TIME DETERMINED? <u>WATCH</u> | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?



one light

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | | | |
|-------------------------------------|---------------------|-------------------------------------|--|--------------------------|-----------------------|
| <input type="checkbox"/> | DAY | <input type="checkbox"/> | CUMULUS CLOUDS (<i>Low fluffy</i>) | <input type="checkbox"/> | FOG OR MIST |
| <input checked="" type="checkbox"/> | TWILIGHT | <input checked="" type="checkbox"/> | CIRRUS CLOUDS (<i>High fleecy or Herring-bone</i>) | <input type="checkbox"/> | HEAVY RAIN |
| <input type="checkbox"/> | NIGHT | | | <input type="checkbox"/> | LIGHT RAIN OR DRIZZLE |
| <input type="checkbox"/> | CLEAR | <input type="checkbox"/> | NIMBUS CLOUDS (<i>Rain</i>) | <input type="checkbox"/> | HAIL |
| <input checked="" type="checkbox"/> | PARTLY CLOUDY | <input type="checkbox"/> | CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>) | <input type="checkbox"/> | SNOW OR SLEET |
| <input type="checkbox"/> | COMPLETELY OVERCAST | | | <input type="checkbox"/> | UNKNOWN |
| <input type="checkbox"/> | | <input type="checkbox"/> | HAZE OR SMOG | <input type="checkbox"/> | NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | | (2) MOON | | | |
|-------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------|
| <input type="checkbox"/> | NONE | <input type="checkbox"/> | BRIGHT MOONLIGHT | <input type="checkbox"/> | NO MOONLIGHT |
| <input type="checkbox"/> | A FEW | <input type="checkbox"/> | MOON WITH HALO | <input type="checkbox"/> | UNKNOWN |
| <input type="checkbox"/> | MANY | <input checked="" type="checkbox"/> | MOON HIDDEN BY CLOUDS | | |
| <input checked="" type="checkbox"/> | UNKNOWN | | PARTIAL (New or quarter) | | |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | | | | |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <input type="checkbox"/> | IN FRONT OF YOU | <input type="checkbox"/> | TO YOUR RIGHT | <input type="checkbox"/> | OVERHEAD (Near noon) |
| <input type="checkbox"/> | IN BACK OF YOU | <input type="checkbox"/> | TO YOUR LEFT | <input type="checkbox"/> | UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

NO ST LIGHTS

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

round shape - flat with a yellow
Glow - blue light at bottom

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-------------------------------------|-------------------------------------|---------|
| | MOVE IN A STRAIGHT LINE? | | <input checked="" type="checkbox"/> | |
| | STAND STILL AT ANYTIME? | <input checked="" type="checkbox"/> | | |
| | SUDDENLY SPEED UP AND RUN AWAY? | <input checked="" type="checkbox"/> | | |
| | BREAK UP IN PARTS AND EXPLODE? | | <input checked="" type="checkbox"/> | |
| | CHANGE COLOR? | <input checked="" type="checkbox"/> | | |
| | GIVE OFF SMOKE? | | <input checked="" type="checkbox"/> | |
| | CHANGE BRIGHTNESS? | <input checked="" type="checkbox"/> | | |
| | CHANGE SHAPE? | | <input checked="" type="checkbox"/> | |
| | FLASH OR FLICKER? | <input checked="" type="checkbox"/> | | |
| | DISAPPEAR AND REAPPEAR? | | <input checked="" type="checkbox"/> | |
| | SPIN LIKE A TOP? | | <input checked="" type="checkbox"/> | |
| | MAKE A NOISE? | <input checked="" type="checkbox"/> | | |
| | FLUTTER OR WOBBLE? | | | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

looking at the moon thru telescope

A. HOW DID IT FINALLY DISAPPEAR?

spec flew off

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.

moved into clouds

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

| | |
|------------------------|--|
| EYEGLASSES | CAMERA VIEWER |
| SUNGLASSES | <input checked="" type="checkbox"/> BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER |

A. DO YOU ORDINARILY WEAR GLASSES? ☒ YES ☐ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 1000 ft/sec

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 2000 ft

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

looked like a flat saucer

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☒ YES ☐ NO. IF "YES," DESCRIBE.

sulphur

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☐ NO. IF "YES," DESCRIBE.